## **BUREAU OF QUALITY ASSURANCE**

## OVERVIEW OF PROVIDERS SURVEY AND COMPLAINT ACTIVITY, AND FORFEITURE ACTIONS

**JANUARY - MARCH 2004** 

State of Wisconsin Department of Health and Family Services Division of Disability and Elder Services

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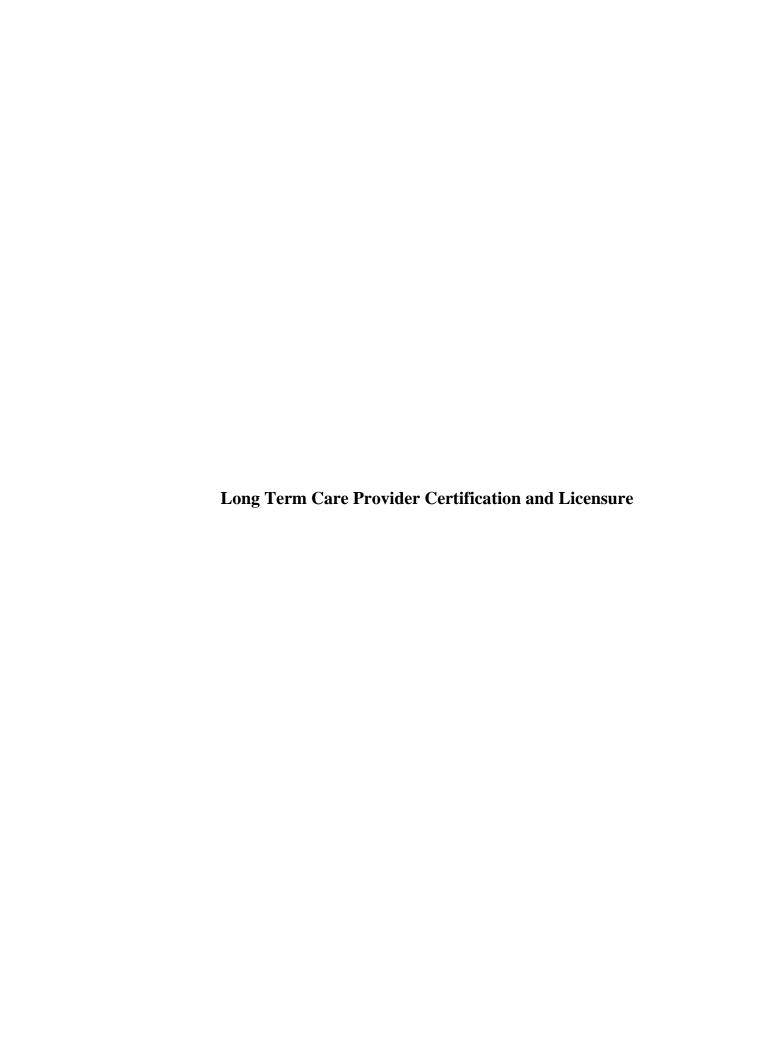
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## **Long Term Care (LTC) Providers By Licensure Type and Region**

Licensure Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
132 Intermediate	1			1		2
132 Intermediate	1			1		2
132 Skilled	75	103	101	36	87	402
132 Skilled-IMD		1			2	3
134 Developmentally Disabled	8	6	15		8	37
TOTAL	84	110	116	37	97	444

## **Long Term Care (LTC) Providers By Certification Type and Region**

Certification Type	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
	_	_				
T18 SNF Only	3	7	4			14
<b>-</b> 40 <b>0</b> 1 <b>-</b> 10 1 <b>-</b> 10			0.4			
T18 SNF/T19 NF	69	89	84	32	74	348
T19 NF Only	3	5	13	5	14	40
T19 ICF/MR	8	6	15		8	37
Non-Certified	1	3			1	5
TOTAL	84	110	116	37	97	444

## Long Term Care (LTC) Provider Bed Capacity By Certification Type and Region

<b>Certification Type</b>	Southern	Southeastern	Northeastern	Northern	Western	TOTAL
TIO CANE O 1	1.60	226	125			620
T18 SNF Only	169	336	125			630
T18 SNF/T19 NF	6350	11935	8456	3724	6445	36910
T19 NF Only	142	207	1387	207	965	2908
T19 ICF/MR	818	617	537		419	2391
Non-Certified	9	128			76	213
TOTAL	7488	13223	10505	3931	7905	43052



## Nursing Home Surveys Conducted by Region\*\* (Verification Visits not Included)

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Standard (STD)	16	26	28	9	22	101
STD/Initial T18 SNF	1				1	2
STD/Initial T19 NF						
Initial T18 SNF						
Initial T19 NF						
Initial T18 SNF/T19 NF						
Initial Prelicensure						
CHOW*/Probationary License		1				1
Complaint	23	77	60	14	56	230
Other/Other-Off Cycle Inspection				1		1
Monitoring						
Surveillance			2		1	3
Verification Visit Violations issued	4	5		3	9	21
Partial Extended	1				1	2
Extended		2	1			3
Total	45	111	91	27	90	364

<sup>\*</sup>CHOW = Change of Ownership

<sup>\*\*</sup> Health Surveys Counted only

#### Nursing Home Survey Standard/Extended/Partial Extended and Initial Certification Survey Summary

Region	Surveys Completed	*SQC # of Homes	*SQC # of Tags Care	*SQC # of Tags Life	*SQC # of Tags Behavior
Southern	18	1	1		
Southeastern	28	2	2		
Northeastern	29	1			
Northern	9				2
Western	24	1	1		
Total	108	5	4		2

<sup>\*</sup>SQC = Substandard Quality of Care

### Nursing Home Informal Dispute Resolutions by Region Number of Citations and Resolutions (Federal)

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-No Change	5	26	9	3	2	45
Aspen-Examples Removed/ Other Wording Change	6	11	7	2	6	32
			1		0	
Aspen-Tag Removed	2	2		2		6
Aspen-S/S Change		1			1	2
Aspen-Tag Change	1					1
Aspen-Request Withdrawn		2	1		7	10
Aspen-S/S Change/Examples Removed/Other Wording						
Change					1	1
Aspen - None		1				1
Tag/Code Changed-no other changes					3	3
Examples Deleted					3	3
Tag/Code Changed					1	1
No Change	1	1			2	4
Tag/code changed-some examples withdrawn					1	1
Total	15	44	17	7	27	110

### Nursing Home Informal Dispute Resolutions by Region Number of Citations and Resolutions (State)

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-No Change	3	2	1	3	1	10
Aspen-Examples						
Removed/Other Wording						
Change	2	2	3		5	12
						_
Aspen-Tag Removed		1			1	2
Aspen-Request Withdrawn	1	1				2
Aspen-None	1	1				2
Tag/Code changed-no other changes					3	3
No Change					2	2
Total	7	7	4	3	12	33

### **Nursing Home Violations of State Codes by Region**

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A		1			1	2
Class B	11	20	15	7	19	72
Class C	2	3		1	4	10
Correction Order	8	20	9	16	24	77
Total	21	44	24	24	48	161

#### HFS 132/C50 State Codes with 5 or More Citations

State Code	State Code Brief Description	
132.60(8)(c)	Implementation of Care Plans	18
132.60(1)	Resident Care/Individual Care	14
132.60(1)(c)4	Resident Care/Basic Nrsg Care	11
132.60(5)(a)1	Resident Care/Orders	8
C50.065(3)(b)	Complete Background Check Process	7
132.60(1)(b)	Resident Care/Decubiti Prevention	6
132.60(8)(b)	Updating of Care Plans	6
C50.065(2)(bm)	Out of State Background Checks	6
132.812(1)	Review Constructions of Remodeling Plans	5
132.83(7)(h)2	Ventilation/Bathrooms	5
C50.065(2)(b)intro	Entity Background Check Requirements	5

## Nursing Home Class A and Class B State Violations Cited

Description of Violation	Number
Resident Care	38
Implementation of Care Plans	17
implementation of Care Flans	17
Updating of Care Plans	6
Care	4
Admissions/Destructive Residents	2
DON/Policies and Procedures	2
Treatment	1
Resident Abuse	1
Diagnostic Services	1
Maintenance of Equipment	1
Hot Water Temperature	1
Total	74

### Nursing Home Federal Grid Placement for All Survey Types by Region\*

Grid Level	Southern	Southeastern	Northeastern	Northern	Western	Total
		1		1	2	4
A		1		1	2	4
В	6	9	2	1	6	24
С	1	2	8	6	5	22
D	48	93	47	33	62	283
E	12	40	5	6	15	78
F	12				13	
Г		2	1			3
G	4	10	4	3	10	31
Н		1				1
I						
J	2	1	1		1	5
	-	-			-	
K			3			3
L						
Total	73	159	71	50	101	454

<sup>\*</sup>Health Only

## **Nursing Home F-Tags with 10 or More Citations**

Tag	Brief Description	Number
F309	Quality of Care	35
F324	Quality of Care	34
F225	Staff Treatment of Residents	30
F157	Notification of Rights and Services	23
F444	Infection Control	21
F329	Quality of Care	16
F316	Quality of Care	15
F514	Administration	15
F241	Quality of Life	14
F3253	Environment	14
F314	Quality of Care	14
F250	Social Services	12
F323	Quality of Care	12
F282	Resident Assessment	10

## **Nursing Home Complaints Received by Complainant Type**

Туре	Number
ACTS-Anonymous	22
ACTS-CMS	1
ACTS-Coroner	1
ACTS-Current Staff	17
ACTS-Entity Self-Report	82
ACTS-Family	111
ACTS-Former Staff	9
ACTS-Friend	11
ACTS-Ombudsman	20
ACTS-Other	13
ACTS-Other Health Provider	5
ACTS-Other State Agency	3
ACTS-Physician	2
ACTS-Resident/Patient/Client	7
ACTS-State Survey	1
Total	305

#### **Nursing Home Complaint Survey Summary**

Region	Surveys Completed	*SQC # of Homes	*SQC # / Tags Care	*SQC #/Tags Life	*SQC #/Tags Behavior
Southern	23				
Southeastern	77				
Northeastern	60				
Northern	14				
Western	56				
Total	230				

<sup>\*</sup>SQC = Substandard Quality of Care

#### Nursing Home Complaint Investigation Results By Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Abuse	1		1
Facility Practices	8	4	12
Nursing Services	3		3
Quality of Care	6	4	10
Quality of Life	1		1
Total	19	8	27

### Nursing Home Complaint Investigation Results By Subject Area of Complaint - ACTS

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS -Accidents	5	5	10
ACTS-Administration/Personnel	3	3	6
ACTS-Admission, Transfer & Discharge Rights	6	1	7
ACTS-Death-General (No Category)	1	2	3
ACTS- Dental Services	3		3
ACTS-Dietary Services	10	4	14
ACTS-Falsification of Records/Reports	2		2
ACTS-Fraud/False Billing	1	1	2
ACTS-Infection Control	5	2	7
ACTS-Injury of Unknown Origin	8	1	9
ACTS-Misappropriation of Property	11	6	17
ACTS-Nursing Services	8	7	15
ACTS-Other	1		1
ACTS-Pharmaceutical Services	1		1
ACTS-Physical Environment	18	2	20
ACTS-Quality of Care/Treatment	69	50	119
ACTS-Quality of Life	8		8
ACTS-Rehabilitation Services	3		3
ACTS-Resident/Patient/Client Abuse	32	10	42
ACTS-Resident/Patient/Client Assessment	1		1
ACTS-Resident/Patient/Client Neglect	12	7	19
ACTS-Resident/Patient/Client Rights	19	3	22
ACTS-Unqualified Personnel	1		1
Total	228	104	332

Facilities for People with Developmental Disabilities (FDD) Survey and Complaint Activity

## FDD Surveys Conducted by Region\*\* (Verification Visits Not Included)

Survey Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Fundamental	5	1	3			9
STD/Initial T19 NF						
Initial T19 NF						
Initial Prelicensure						
CHOW*/Probationary License						
Complaint	1	3	2		3	9
Other/Other-Off Cycle Inspection						
Surveillance			1			1
Verification Visit						
Violations cited		1				1
Partial Extended						
Extended						
Total	6	5	6		3	20

<sup>\*</sup>CHOW = Change of Ownership
\*\* Health counted only

## **FDD Informal Dispute Resolutions by Region Number of Citations and Resolutions (Federal)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-Request Withdrawn	2					2
Aspen-S/S Change/Examples						
Removed/Other Wording						
Change	2	1				3
Aspen-Tag Change	1					1
Aspen-No Change	1					1
Aspen-Examples						
Removed/Other Wording						
Change	4					4
_						
Total	10	1				11

## **FDD Informal Dispute Resolutions by Region Number of Citations and Resolutions (State)**

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-Tag Removed	1					1
Aspen-Examples						
Removed/Other Wording						
Change	1					1
Total	2					

### FDD Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A						
Class B	3		2			5
Class C	2					2
Correction Order	5	1	5			11
Total	10	1	7			18

#### HFS 134/C50 State Codes with 3 or More Citations\*

State Code	Brief Description	Number
134.60(1)(g)	Resident Safety	4

#### FDD Class A and Class B State Violations Cited

Description of Violation	Number
Resident Safety	4
Maintenance	1
Total	5

#### **FDD Federal Deficiencies**

Level	Total	
Condition	1	
Standard	77	
Element		
Life Safety Code – Standard	7	
Life Safety Code – Standard	I	
Life Safety Code- Element		
Total	85	

### FDD Tags with 3 or More Citations this Quarter

Tag	<b>Brief Description</b>	Number
W125	Protection of Client Rights	9
W137	Protection of Client Rights	6
W148	Communication with Clients, Parents	6
W153	Staff Treatment of Clients	5
W209	Individual Program Plans	5
W488	Dining Areas and Service	5
W155	Staff Treatment of Clients	4
W128	Protection of Client Rights	3
W154	Staff Treatment of Clients	3
W249	Program Implementation	3
W264	Program Monitoring and Change	3
W436	Space and Equipment	3

### **FDD Condition Deficiencies**

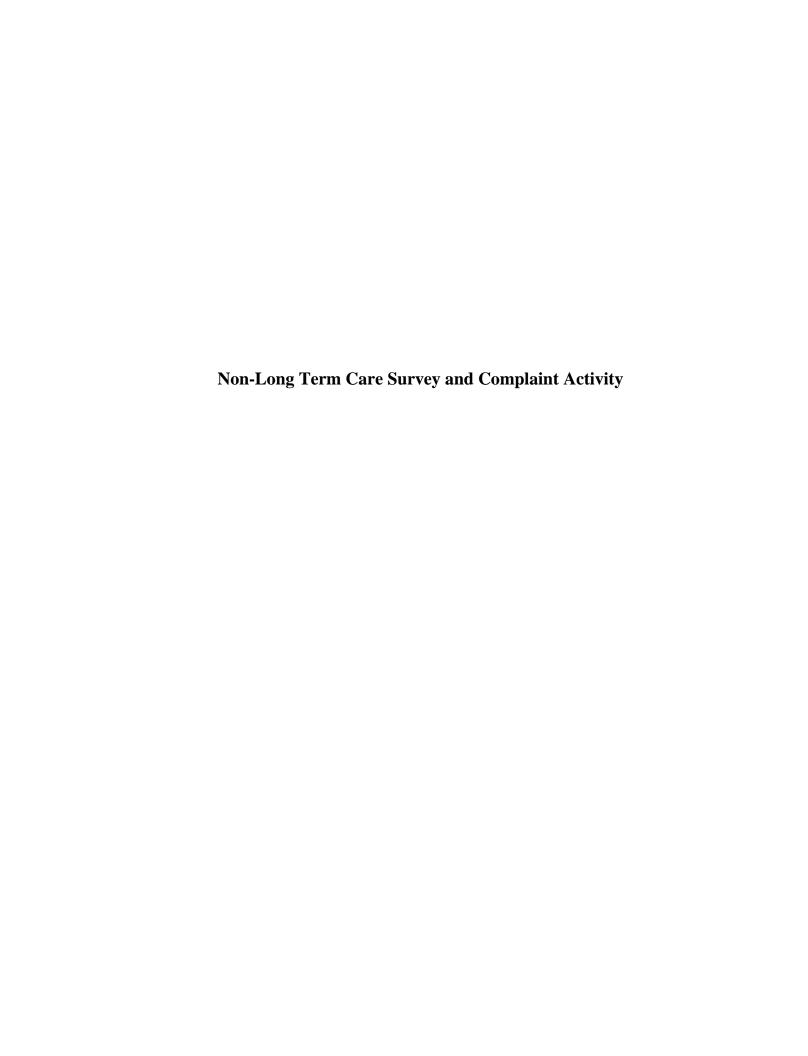
Tag	Brief Description	Number
W122	Client Protections	1
Total		1

## FDD Complaints Received by Complainant Type

Type	Number
ACTS-Anonymous	1
ACTS-Current Staff	2
ACTS-Entity Self-Report	9
ACTS-Other	2
Total	14

### FDD Complaint Investigation Results By Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Injury of Unknown Origin	1		1
ACTS-Nursing Services	1		1
ACTS-Quality of Life		1	1
ACTS-Resident/Patient/Client Abuse	2	2	4
ACTS-Resident/Patient/Client Neglect		1	1
ACTS-Resident/Patient/Client Rights	1	2	3
Total	5	6	11



## Non-Long Term Care (Non-LTC) Providers by Type

Туре	Number
Swing Bed Hospital	64
General Acute Hospital	114
Alcohol Hospital	2
Special Psychiatric Hospital	12
Critical Access Hospital	31
Comprehensive Outpatient Rehab Facility	5
Ambulatory Surgical Center	39
End Stage Renal Dialysis	95
Hospice	60
AODA/Mental Health	1097
Prospective Payment Exemption	58
Portable X-Ray	8
Home Health Agency	154
Rural Health Clinic	53
Outpatient Rehabilitation Agency	56
Total	1848

#### **Branch/Extension Offices**

Туре	Number
AODA/Mental Health	389
Home Health Agency – Branch	55
Hospice – Branch	29
Hospital - Critical Access	5
Hospital – General Acute	167
Hospital - Special Psychiatric	15
Outpatient Rehab Agency –Extension	87
Total	747

## **Non-LTC Surveys Conducted (Verification Visits Not Included)\***

Provider Type	Survey Type	Number
Home Health Agency	Annual	16
	Change of Ownership	1
	Initial Cert/Prelicensure	2
	Complaint	8
	Partial Extended	13
	Verification Visit	2
Hospital – General Acute	Complaint	17
	Validation-Complaint	6
Hospital-Special Psychiatric	Annual	1
	Complaint	2
	Validation-Complaint	1
Hospital – Critical Access	Complaint	2
Hospice	Annual	1
	Complaint	6
Swing Bed	Complaint	1
Rural Health Clinic	Annual	1
End Stage Renal Dialysis	Initial Certification	1
	Annual	3
	Complaint	1
	Verification Visit	6
Prospective Payment Exemption	Initial Certification	1
TOTAL *Heath Counted Only		92

<sup>\*</sup>Heath Counted Only

## Non-LTC Federal Deficiencies (All Survey Types)

				LSC-	LSC-	
<b>Provider Type</b>	Condition	Standard	Element	Standard	Element	Total
Critical						
Access Hosp		2				2
Hospital-Acute	2	5	6	17		30
Hospital-						
Psychiatric	1	2	4	3		10
HHA	1	65				66
Hospice		5				5
ESRD	1	51				52
Rural Health						
Clinic	1	1	4			6
Total	6	131	14	20		171

## HFS 133 State Codes with 3 or More Citations (HOME HEALTH AGENCY)

Tag	Brief Description	Number
133.14(2)(e)	Skilled Nursing Services	6
133.20(4)	Plan of Treatment	6
133.21(1)	Medical Records	6
133.14(2)(b)	Skilled Nursing Services	4
		_
133.06(4)(c)	Administration-Employes	3
		_
133.20(2)(a)	Plan of Treatment	3
	7. 27	
133.20(3)	Plan of Treatment	3

## HFS 131 State Codes with 3 or More Citations\* (HOSPICE)

Tag	Brief Description	Number

<sup>\*</sup>No State Codes with 3 or more citations for this time frame

# HFS 124 State Codes with 3 or More Citations (CRITICAL ACCESS, GENERAL ACUTE, GENERAL ALCOHOL, SPECIAL PSYCHIATRIC HOSPITALS)

Tag	Brief Description	Number
124.13(6)(c)	Documentation, Staff Meetings/Evaluation	7
124.05(3)(a)1.a	Governing Body-Policies	5
124.13(6)(b)	Documentation, Staff Meetings/Evaluation	5
124.05(3)(a)1.1	Governing Body-Policies	4
124.13(2)(b)2.b	Nursing Services-Patient Care	4
13.05(2)	Client Protection	4
124.05(3)(a)1.i	Governing Body-Policies	3
124.14(5)(a)1	Medical Record Services	3

## **Non-LTC Complaints Received by Provider Type**

Provider Type	Number	
Home Health Agency	11	
Hospice	4	
Hospital – General Acute	48	
Hospital – Psychiatric	8	
Hospital – Fsychiatric	0	
Hospital – Critical Access	1	
Swing Bed Hospital	1	
9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
End Stage Renal Dialysis	2	
Total	75	

## Non-LTC Complaints Received by Complainant Type

Туре	Hospice	Gen Hospital	Home Health	Psyc Hosp	Crit Access Hosp	ESRD	Swing Bed	Total
ACTS-Anonymous	•	•		•			1	1
ACTS-Current Staff		1						1
ACTS-Entity Self-Report		1		2				3
ACTS-Family	2	19	7	2				30
ACTS-Former Staff	1	2						3
ACTS-Friend	1					1		2
ACTS-Other Health Providers		1						1
ACTS-Other State Agency		1						1
ACTS-Physician				1				1
ACTS-Resident/Patient		22	4	3	1	1		31
ACTS-State Survey Agency		1						1
Total	4	48	11	8	1	2	1	75

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – General Acute Hospitals

Subject Area	# Unsubstantiated	# Substantiated	Total	
ACTS-Admission, Transfer &				
Discharge	1		1	
ACTS-Death-General (Suicide)	1		1	
ACTS-Falsification of Records/Reports	1		1	
ACTS-Nursing Services	3	6	9	
ACTS-Other services	1 3		4	
ACTS-Patient Dumping Emtala		2	2	
ACTS-Physical Environment	1	2	3	
ACTS-Physician Services	3	2	5	
ACTS-Quality of Care Treatment	5	5	10	
ACTS-Resident/Patient Client Rights	5	3	8	
Total	21	23	44	

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – Psychiatric Hospitals

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Death-General (Suicide)		1	1
ACTS-Patient Dumping Emtala	1		1
ACTS-Resident/Patient/Client Rights		1	1
ACTS-Restraints/Seclusion-Death	1		1
Total	2	2	4

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – Hospice

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Nursing Services	2		2
ACTS-Other Services	1	2	3
ACTS-Quality of Care/Treatment	1		1
Skilled Nursing	1		1
Total	5	2	7

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – Home Health Agencies

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Falsification of Records/Reports	1		1
ACTS-Fraud/False Billing	1		1
ACTS-Misappropriate of Property	1		1
ACTS-Nursing Services	3		3
ACTS-Other	2		2
ACTS-Other Services	1	2	3
ACTS-Quality of Care/Treatment	3		3
ACTS-Resident/Patient/Client Abuse	1		1
ACTS-Resident/Patient/Client Neglect	1	1	2
ACTS-Resident/Patient/Client Rights	1		1
Acts-Unqualified Peronnel	1	1	2
Total	16	4	20

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – Critical Access Hospital

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Injury of Unknown Origin	1		1
ACTS-Quality of Care/Treatment	1		1
·			
Total	2		2

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – End Stage Renal Dialysis

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Nursing Services	1		1
Total	1		1

#### Non-LTC Complaint Investigation Results By Subject Area of Complaint – Swing Bed Hospital

Subject Area	# Unsubstantiated	# Substantiated	Total
ACTS-Nursing Services	1		1
Total	1		1



### $State\ For feitures\ Processed-Nursing\ Homes\ and\ FDDs$

State Class	Total Assessed	Original Amount Due	Actual Amount Due	Amount Paid
A	3	\$ 192,350	\$ 91,522	\$ 91,522
В	104	\$ 906,591	\$ 639,214	\$ 304,576
C	5	\$ 2,060	\$ 2,060	\$ 1,560
Total	112	\$1,101,001	\$ 732,796	\$ 397,659

## **State Forfeitures Processed – Hospice**

# of Invoices	Actual	Amount
Issued	Amount Due	Paid
11	\$ 4.560	\$ 4,560